

Issue 60: INSIDER'S EDGE: Special Enrollment Periods and Other Life Changes

Welcome back! Today we're taking a closer look at what Marylanders can expect now that open enrollment has closed—specifically life events that trigger special enrollment periods and other changes that should be reported to the Maryland Health Connection. I provided you with a short list of these events in *Issue 59: INSIDER'S EDGE: Open Enrollment Has Closed--What's Next?*, and today we'll take a closer look at some of the details. So, without further adieu....



Events that Trigger a Special Enrollment Period

A special enrollment period allows an individual to apply for benefits using Maryland Health Connection **outside** the open enrollment period. In most cases, applicants have 60 days from the date of a triggering event to apply for benefits and select a QHP.

Events That Can Trigger a Special Enrollment Period Include:

- **Getting married**

Entering a domestic partnership does not trigger a special enrollment period.

- **Birth, adoption, adoption placement or foster care placement of a child**
- **Permanently moving to a new area that offers different health plan options**

For example, moving across state lines or moving to an area where a person's previous QHP is not active or new or additional QHPs are available. Both individuals who are currently enrolled in Exchange QHPs and qualified individuals who are not enrolled in a QHP may qualify for this special enrollment period.

An individual who previously resided outside the US and wasn't eligible to use Maryland Health Connection would also qualify for a special enrollment period (must meet citizenship requirements to qualify for coverage).

- **For people already enrolled in Marketplace coverage, having a change in income or household status that makes an enrollee newly eligible or newly ineligible for advance premium tax credits (APTC) and/or the enrollee has a change in the cost-sharing reduction (CSR) level**

Remember, eligibility for APTC and CSR are tied to an individual's household income.

If a person experiences an *increase* in income during the year, they may be eligible for a lower APTC amount than they qualified for when they initially applied. Individuals who receive a higher APTC amount than they qualify for will be responsible for paying back the excess when they file their 2014 taxes in April 2015. By the same token, individuals who fail to report a *decrease* in income may actually be eligible for

a greater APTC amount than they initially qualified for. Individuals who receive less APTC than they qualify for will be able to receive the outstanding credit when they file their 2014 taxes.

When an enrollee's APTC amount increases or decreases but their overall eligibility for APTC does not change, the change in APTC amount may be reflected in their enrollment with the insurance carrier even if they do not qualify for this special enrollment period.

- **A qualified individual or dependent loses minimum essential coverage (MEC)**

Examples include:

- Any circumstances in 26 CFR 54.9801–6(a)(3)(i) through (iii)
- Loss of Medicaid/MCHP/MCHP Premium
- Legal separation or divorce ending eligibility of a spouse or step-child enrolled in other MEC
- End of dependent status (for example turning 26 and losing coverage through a parent's plan)
- Death of individual enrolled in MEC ending eligibility for covered dependents
- Loss of job-based coverage due to termination of employment, loss of employment, or a change in employment
- Reduction in the number of hours of employment necessary to maintain coverage
- Permanently moving to a new area (see information above)
- Release from incarceration
- Individual's employer-sponsored plan will no longer be affordable or provide minimum value for their employer's upcoming plan year
- Termination of employer contributions for a qualified individual or dependent who has coverage that is not COBRA continuation coverage by any current or former employee
- Exhaustion of COBRA continuation coverage
- Reaching a lifetime limit on all benefits in a grandfathered plan

Does not include loss of coverage due to:

- Termination for failure to pay premium
- Termination for rescission of coverage due to consumer fraud per 45 CFR 147.128
- Consumer early termination of COBRA before end of COBRA coverage period (see *Issue 50: INSIDER'S EDGE: COBRA Conundrums*)

See *Issue 23: INSIDER'S EDGE: Don't forget your health insurance!* for more information on what qualifies as MEC.

- **An individual newly gains status for US citizenship, US naturalization, or US lawful presence**
- **An American Indian may enroll in a QHP or change from one to another one time per month**
- **A qualified individual or enrollee demonstrates to the Maryland Health Connection that they have experienced exceptional circumstances**

Maryland Health Connection will make determinations regarding exceptional circumstances on a case-by-case basis. Examples of exceptional circumstances that may occur on or around plan selection deadlines include natural disasters or an unexpected hospitalization.

- A qualified individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of the Exchange or HHS
- An enrollee adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee
- QHP is decertified
- Misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment entities



Other Life Changes That Should Be Reported

In addition to reporting the events listed above, individuals enrolled in Medicaid or a qualified health plan (QHP) should also report changes in:

- Address, phone number, e-mail address, and preferred contact method
- Authorized representative

Make it through the whole list? Great job! Thanks as always for tuning in. Until next time!

Questions? Send them my way to dhmh.medicaidmarge@maryland.gov.